

# Coordinator's Application for a Food Event

Name of event \_\_\_\_\_

Location of event \_\_\_\_\_

Date(s) of event \_\_\_\_\_ Time(s) of Event \_\_\_\_\_

Name(s) of Event Coordinator(s)/Responsible Individual(s):		
Name	Address	Phone

Name of the on-site coordinator and how this individual can be contacted during the event:

\_\_\_\_\_

\_\_\_\_\_

Number of food vendors \_\_\_\_\_. The following information is required:

Vendor Company Name	Address	Phone	Type of Food

*(additional sheets for this information may be attached)*

Date and time that food service operations will be set up \_\_\_\_\_

Describe toilet and hand washing facilities provided for patrons (type, number, location)

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Who will be responsible for their maintenance during the event? \_\_\_\_\_

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If portable toilets are to be used, how often will they be emptied during the event? \_\_\_\_\_

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Describe the potable (drinking) water supply to the event \_\_\_\_\_

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Describe the wastewater disposal system for the event \_\_\_\_\_

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Describe garbage and grease disposal for the event \_\_\_\_\_

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Will electricity be provided to the food vendor sites?    Yes ☐            No ☐

Will any tattoo/body piercing vendors be present?        Yes ☐            No ☐

Coordinator's Name \_\_\_\_\_  
(please print)

Date \_\_\_\_\_

Please return this form to the Erie County Department of Health as soon as this information for your event can be provided. If you do not know the name of the inspector in charge of licensing the event, mail this to the Environmental Health Division.

**Erie County Department of Health**  
**606 West Second Street**  
**Erie, PA 16507**  
**Phone: 814/451-6700 • Fax: 814/451-6775**